VIVA Medicare

IMPORTANT 2025 5-TIER SNP FORMULARY UPDATES

Drug Label Name	Tier	Description of Change	Requirements/Limits	Effective Date	Alternative Drug	Alternative Drug Tier
CYCLOPHOSPH INJ 1GM/2ML	5	Addition	Prior Authorization Required	2/1/2025		
CYCLOPHOSPH INJ 2GM/4ML	5	Addition	Prior Authorization Required	2/1/2025		
VAXCHORA SUS	1	Addition		2/1/2025		
VORANIGO TAB 10MG	5	Addition	Prior Authorization Required; Quantity Limit (60 tabs every 30 days)	2/1/2025		
VORANIGO TAB 40MG	5	Addition	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	2/1/2025		
LAZCLUZE TAB 80MG	5	Addition	Prior Authorization Required; Quantity Limit (60 tabs every 30 days)	2/1/2025		
LAZCLUZE TAB 240MG	5	Addition	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	2/1/2025		
SPS SUS 30GM/120	3	Addition		2/1/2025		
DASATINIB TAB 20MG	5	Addition	Prior Authorization Required; Quantity Limit (90 tabs every 30 days)	2/1/2025		
DASATINIB TAB 50MG	5	Addition	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	2/1/2025		
DASATINIB TAB 70MG	5	Addition	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	2/1/2025		
DASATINIB TAB 80MG	5	Addition	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	2/1/2025		

April 2025
Revised March 17, 2025

DASATINIB TAB 100MG	5	Addition	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	2/1/2025		
DASATINIB TAB 140MG	5	Addition	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	2/1/2025		
GALLIFREY TAB 5MG	3	Addition		2/1/2025		
TAZAROTENE CRE 0.05%	3	Addition	Prior Authorization Required; Quantity Limit (60 gm every 30 days)	2/1/2025		
CEFAZOLIN INJ DEXTROSE	4	Addition		2/1/2025		
ADALIMU-AACF INJ 40/0.8ML	5	Addition	Prior Authorization Required; Quantity Limit (2 packs every year)	2/1/2025		
ADALIMU-AACF INJ 40/0.8ML	5	Addition	Prior Authorization Required; Quantity Limit (2 packs every year)	2/1/2025		
AIRSUPRA AER 90-80MCG	3	Addition	Quantity Limit (3 inhalers every 30 days)	2/1/2025		
TECENTRIQ INJ HYBREZA	5	Addition	Prior Authorization Required; Quantity Limit (1 vial every 21 days)	2/1/2025		
TREMFYA INJ 200/20ML	5	Addition	Prior Authorization Required	2/1/2025		
TREMFYA INJ 200/2ML	5	Addition	Prior Authorization Required; Quantity Limit (1 pen every 28 days)	2/1/2025		
TREMFYA INJ 200/2ML	5	Addition	Prior Authorization Required; Quantity Limit (1 syringe every 28 days)	2/1/2025		
HYDRO SOD SU INJ 100MG	4	Addition		2/1/2025		

NOVOLOG INJ 100/ML	3	Addition		2/1/2025		
NOVOLOG INJ FLEXPEN	3	Addition		2/1/2025		
NOVOLOG INJ PENFILL	3	Addition		2/1/2025		
COBENFY CAP 50-20MG	5	Addition	Prior Authorization Required; Quantity Limit (60 caps every 30 days)	2/1/2025		
COBENFY CAP 125-30MG	5	Addition	Prior Authorization Required; Quantity Limit (60 caps every 30 days)	2/1/2025		
COBENFY STRT CAP PACK	5	Addition	Prior Authorization Required; Quantity Limit (2 packs every year)	2/1/2025		
COBENFY CAP 100-20MG	5	Addition	Prior Authorization Required; Quantity Limit (60 caps every 30 days)	2/1/2025		
TRUQAP PAK 160MG	5	Addition	Prior Authorization Required; Quantity Limit (4 packs every 28 days)	2/1/2025		
TRUQAP PAK 200MG	5	Addition	Prior Authorization Required; Quantity Limit (4 packs every 28 days)	2/1/2025		
PACLITAXEL INJ 100MG	5	Addition	Prior Authorization Required	2/1/2025		
CARBAMAZEPIN CHW 200MG	4	Addition		2/1/2025		
ITOVEBI TAB 9MG	5	Addition	Prior Authorization Required; Quantity Limit (28 tabs every 28 days)	2/1/2025		
ITOVEBI TAB 3MG	5	Addition	Prior Authorization Required; Quantity Limit (56 tabs every 28 days)	2/1/2025		
CEFAZOL/DEX SOL 1GM	4	Addition		2/1/2025		

CEFAZOL/DEX SOL 2GM	4	Addition		2/1/2025		
OMNIPOD 5 LB MIS PODS G6	4	Addition	Prior Authorization Required; Quantity Limit (15 pods every 30 days)	2/1/2025		
OMNIPOD 5 LB KIT INTRO G6	4	Addition	Prior Authorization Required; Quantity Limit (1 kit every year)	2/1/2025		
LUMAKRAS TAB 240MG	5	Addition	Prior Authorization Required; Quantity Limit (120 tabs every 30 days)	2/1/2025		
AUGTYRO CAP 160MG	5	Addition	Prior Authorization Required; Quantity Limit (60 caps every 30 days)	2/1/2025		
OMNIPOD 5 DX MIS POD G7G6	4	Addition	Prior Authorization Required; Quantity Limit (15 pods every 30 days)	2/1/2025		
OPSUMIT TAB 10MG	5	Addition	Prior Authorization Required; Quantity Limit (30 tabs every 30 days)	2/1/2025		
LYBALVI TAB 5-10MG	5	Addition	Quantity Limit (30 tabs every 30 days)	2/1/2025		
LYBALVI TAB 10-10MG	5	Addition	Quantity Limit (30 tabs every 30 days)	2/1/2025		
LYBALVI TAB 15-10MG	5	Addition	Quantity Limit (30 tabs every 30 days)	2/1/2025		
LYBALVI TAB 20-10MG	5	Addition	Quantity Limit (30 tabs every 30 days)	2/1/2025		
ABILIFY MAIN INJ 300MG	5	Addition	Quantity Limit (1 syringe every 28 days)	2/1/2025		
ABILIFY MAIN INJ 400MG	5	Addition	Quantity Limit (1 syringe every 28 days)	2/1/2025		

ABILIFY ASIM INJ 720MG	5	Addition	Quantity Limit (1 syringe every 56 days)	2/1/2025		
ABILIFY ASIM INJ 960MG	5	Addition	Quantity Limit (1 syringe every 56 days)	2/1/2025		
ABILIFY MAIN INJ 300MG	5	Addition	Quantity Limit (1 injection every 28 days)	2/1/2025		
ABILIFY MAIN INJ 400MG	5	Addition	Quantity Limit (1 injection every 28 days)	2/1/2025		
DILANTIN CAP 100MG	3	Addition		2/1/2025		
FENTANYL OT LOZ 1200MCG	5	Removal		2/1/2025	MORPHINE SULFATE TAB	Tier 3
FENTANYL OT LOZ 1600MCG	5	Removal		2/1/2025	MORPHINE SULFATE TAB	Tier 3
FENTANYL OT LOZ 200MCG	4	Removal		2/1/2025	MORPHINE SULFATE TAB	Tier 3
FENTANYL OT LOZ 400MCG	5	Removal		2/1/2025	MORPHINE SULFATE TAB	Tier 3
SPRYCEL TAB 100MG	5	Removal		2/1/2025	DASATINIB TAB	Tier 5
NYMYO TAB 0.25-35	2	Removal		2/1/2025	NORGESTIMATE-ETHINYL ESTRADIOL TAB 0.25MG-35MCG	Tier 2
SPRYCEL TAB 80MG	5	Removal		2/1/2025	DASATINIB TAB	Tier 5
SPRYCEL TAB 140MG	5	Removal		2/1/2025	DASATINIB TAB	Tier 5
FENTANYL OT LOZ 600MCG	5	Removal		2/1/2025	MORPHINE SULFATE TAB	Tier 3
FENTANYL OT LOZ 800MCG	5	Removal		2/1/2025	MORPHINE SULFATE TAB	Tier 3
ZYPREXA RELP INJ 300MG	5	Removal		2/1/2025	RISPERIDONE ER INJ	Tier 4 / Tier 5
ZYPREXA RELP INJ 210MG	4	Removal		2/1/2025	RISPERIDONE ER INJ	Tier 4 / Tier 5
SELZENTRY TAB 75MG	5	Removal		2/1/2025	SELZENTRY SOL 20MG/ML	Tier 5

SELZENTRY TAB 25MG	4	Removal		2/1/2025	SELZENTRY SOL 20MG/ML	Tier 5
VRAYLAR CAP 1.5-3MG	4	Removal		2/1/2025	VRAYLAR CAP	Tier 5
SPRYCEL TAB 50MG	5	Removal		2/1/2025	DASATINIB TAB	Tier 5
SPRYCEL TAB 20MG	5	Removal		2/1/2025	DASATINIB TAB	Tier 5
SPRYCEL TAB 70MG	5	Removal		2/1/2025	DASATINIB TAB	Tier 5
MICRGSTIN 24 TAB FE 1/20	3	Removal		2/1/2025	HAILEY 24 FE TAB 1-20 MG-MCG	Tier 3
ZYPREXA RELP INJ 405MG	5	Removal		2/1/2025	RISPERIDONE ER INJ	Tier 4 / Tier 5
DUPIXENT INJ 100/0.67	5	Removal		2/1/2025	DUPIXENT INJ 200MG/1.14ML	Tier 5
OPIPZA MIS 2MG	5	Addition	Prior Authorization; Quantity Limit (30 films every 30 days)	3/1/2025		
OPIPZA MIS 5MG	5	Addition	Prior Authorization; Quantity Limit (30 films every 30 days)	3/1/2025		
OPIPZA MIS 10MG	5	Addition	Prior Authorization; Quantity Limit (90 films every 30 days)	3/1/2025		
REVUFORJ TAB 110MG	5	Addition	Prior Authorization; Quantity Limit (120 tabs every 30 days)	3/1/2025		
REVUFORJ TAB 160MG	5	Addition	Prior Authorization; Quantity Limit (60 tabs every 30 days)	3/1/2025		
DANZITEN TAB 71MG	5	Addition	Prior Authorization; Quantity Limit (112 tabs every 28 days)	3/1/2025		
DANZITEN TAB 95MG	5	Addition	Prior Authorization; Quantity Limit (112 tabs every 28 days)	3/1/2025		
CEQUR SIMPL KIT PATCH 2U	4	Addition	Prior Authorization; Quantity Limit (10 patches every 30 days)	3/1/2025		

CEQUR SIMPL KIT PATCH 2U	4	Addition	Prior Authorization; Quantity Limit (8 patches every 24 days)	3/1/2025		
SIMPLICITY MIS INSERTER	4	Addition	Prior Authorization; Quantity Limit (2 inserters every year)	3/1/2025		
CYCLOPHOSPH INJ 500MG/ML	5	Addition	Prior Authorization	3/1/2025		
DOCIVYX INJ 20MG/2ML	5	Addition	Prior Authorization	3/1/2025		
DOCIVYX INJ 80MG/8ML	5	Addition	Prior Authorization	3/1/2025		
DOCIVYX INJ 160/16ML	5	Addition	Prior Authorization	3/1/2025		
IMKELDI SOL 80MG/ML	5	Addition	Prior Authorization; Quantity Limit (280 mL every 28 days)	3/1/2025		
MEMAN/DONEPZ CAP 28-10MG	4	Addition		3/1/2025		
MEMAN/DONEPZ CAP 14-10MG	4	Addition		3/1/2025		
MESNA TAB 400MG	5	Addition		3/1/2025		
TDVAX INJ 2-2 LF	1	Removal		3/1/2025	TENIVAC INJ 5-2LF	Tier 1
PREHEVBRIO SUS 10MCG/ML	1	Removal		3/1/2025	ENGERIX-B INJ; HEPLISAV-B INJ; RECOMBIVAX HB INJ	Tier 1
DROXIA CAP 200MG	3	Removal		3/1/2025	Consult Your Health Care Provider	
DROXIA CAP 300MG	3	Removal		3/1/2025	Consult Your Health Care Provider	
DROXIA CAP 400MG	3	Removal		3/1/2025	Consult Your Health Care Provider	
ALYFTREK TAB	5	Addition	Prior Authorization Required; Quantity Limit (56 tabs every 28 days)	4/1/2025		

ALYFTREK TAB 4-20-50	5	Addition	Prior Authorization Required; Quantity Limit (84 tabs every 28 days)	4/1/2025		
TOPIRAMATE CAP 50MG	2	Addition		4/1/2025		
LEVETIRACETA TAB 250MG	4	Addition	Quantity Limit (360 ea every 30 days)	4/1/2025		
SIKLOS TAB 100MG	4	Addition		4/1/2025		
SIKLOS TAB 1000MG	5	Addition		4/1/2025		